

Warfighter Refractive Eye Surgery Program

And Research Center at Fort Belvoir

Refractive Surgery Consult Form

1. Patient Input (Please PRINT clearly or complete online)

Last Name:		Unit:
First Name:		Unit Zip:
Rank:		Work Tel:
Job Title:		Mobile Tel:
Work email:		Home email:
LAST 4 SSN:	Birth date (DDMMYY):	Your military branch ARMY <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF* <input type="checkbox"/> *USAF- must complete additional forms: http://www.79mdw.af.mil/library/factsheets/factsheet.asp?id=20949
Age: (must be 21yrs old at time of surgery) Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> *Nursing or pregnant: yes <input type="checkbox"/> / no <input type="checkbox"/>	End of Active Service Date:	

2. Professional Recommendation: (to be completed by Ophthalmologist/ Optometrist)

Provider Name:		Provider Signature/ Digital Signature:
Clinic Area code and telephone:		Provider email:
Date of eye examination:		
UCVA	Sphere	Cylinder
OD: 20/	_____	_____ X _____ 20/
OS: 20/	_____	_____ X _____ 20/
		MRx > one year old: Date: OD: OS:
Verification: <input type="checkbox"/> Previous LASIK or PRK / OD OS OU / date: _____ <input type="checkbox"/> CL wear: Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, CL type: soft <input type="checkbox"/> toric <input type="checkbox"/> RGP <input type="checkbox"/> EW <input type="checkbox"/> <input type="checkbox"/> ≤ 0.50D change in sphere or cylinder in last 12 months <input type="checkbox"/> Dry eyes, blepharitis managed Hyperopic CRx: OD: _____ X _____ 20/____ OS: _____ X _____ 20/____		

3. Submission Instructions: (Please return a copy of the completed forms to)

Date of Submission: _____ ➤ You must also complete and submit the Commander's authorization for your application to be reviewed. ➤ Email completed forms: ➤ OR drop off at: Fort Belvoir Community Hospital , Refractive Surgery Clinic, Meadows Pavilion, 2nd Floor, Reception Desk 3. **Please do not leave a copy of your form at an unattended reception. Reception desk hours: 0700-1530
